

Additional Staff Device Order Form

Please complete and return a copy of this form for each High School in your SAU to the MLTI Project Office if you wish to purchase additional devices for ineligible staff members.

Forms must be returned by 2 p.m., Friday, October 19, 2007 and FAXed to Laura Brown at (207) 624-6601.

P L E A S E P R I N T L E G I B L Y

School Information			
1	SAU		
2	Superintendent Name		
3	High School Name		School MEDMS ID
Locally Funded Deployment Enter the total number of ineligible staff members that the SAU wishes to purchase an additional device, using local funding sources. Each device will cost \$300 per year for 4 years. The first payments for these devices will be due December 15, 2007. Subsequent year's payments will be due August 31 of that year.			
4	Number of Additional Devices		
5	Local Annual Cost (\$300 x Line 4)		

I affirm that this information is correct and accurate. I understand that the SAU named in Line 1 will be responsible for any annual payments as reflected on Line 5.

Superintendent Signature

Date